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ABSTRACT

Although art therapy has traditionally focused on the use of art expression in psychotherapy, the practice of medical art therapy has begun to grow rapidly. This paper provides a brief overview of the emerging specialty of medical art therapy and its importance as a counseling tool with people suffering from serious health problems. The paper examines the theory, practice, application, current research, and directions for this field's future, along with an emphasis on the contributions of medical art therapy as part of the health care of patients with serious and life-threatening physical illness. Healing according to the paper, extends beyond blood chemistry or the eradication of tumors; healing involves becoming whole both physically and psychologically. The greatest impact of medical art therapy could be in art's ability to synthesize and integrate client issues such as pain, loss, and death. The medical art therapist or clinician help patients achieve this synthesis through art making and the creative process. The use of art expression in conjunction with a total medical treatment program may be one of the most viable avenues through which patients can find true healing in their lives. (Contains 39 references.) (RJM)

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Medical Art Therapy: Defining a Field

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Abstract: This paper provides a brief overview of the emerging specialty of medical art therapy and its importance as a counseling tool with people who are experiencing serious health problems. Theory, practice, application, current research, and directions for the future are examined, with an emphasis on the contributions of medical art therapy as part of the health care of patients with serious and life-threatening physical illnesses.

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Although the profession of art therapy has traditionally focused on the use of art expression in psychotherapy, one area of clinical practice and research which continues to grow rapidly is the specialty of medical art therapy. The application of art therapy within a medical context is not new; as early as 1945, the British artist Adrian Hill noted that art making was helpful in the recovery of process of patients hospitalized for tuberculosis. However, with the advent of psychoneuroimmunology and increased interest in the connections between mind and body, medical art therapy is rapidly emerging as an important treatment tool in counseling individuals with serious or life-threatening illnesses.

Medical art therapy is defined as the use of art expression and imagery with individuals who are physically ill, experiencing trauma to the body, or who are undergoing aggressive medical treatment such as surgery or chemotherapy. Medical art therapists are active throughout the U.S. in providing services to a variety of patient populations in medical settings and are often employed as part of a larger expressive or creative arts therapy department at a hospital or clinic. In most facilities they serve as part of a treatment team including physicians, nurses, social workers, and psychologists. As part of a team, they contribute their observations of patient progress through observation of the art product and design therapeutic interventions according to treatment goals. Additionally, medical art therapists maintain private practices and work with clients on a post-hospitalization or out-patient basis.

The theory and methodology of medical art therapy varies as much as the practitioner, the population, and the setting in which it is presented. In

general, it has been utilized both as a diagnostic tool and a mode of treatment. Over the last two decades art therapists have contributed clinical observations and research on the use of medical art therapy with a variety of patient populations, including: cancer patients (Cotton, 1985; Dreifuss-Kattan, 1990; Jeppson, 1983; Mango, 1992; Minar, 1992; Minar, Erdmann, Kapitan, Richter-Loesl, & Vance, 1991; Perkins, 1977); pediatric burn patients (Levinson, 1986; Levinson & Ousterout, 1980); arthritis (Lusebrink, Turner-Schikler & Schikler, 1992); and Acquired Immune Deficiency Syndrome (Rosner & Sagman, 1985; White, Fenster, Franklin, Rosner-David, & Weiser, 1991). Others have explored autogenic (relaxation, visualization, etc.) methods in conjunction with art expression (Landgarten, 1981; Lusebrink, 1981,1990) and general connections between art expression and health (Long, Chapman, Appleton, Abrahms, & Palmer, 1989; Lusebrink, 1990; Malchiodi, 1992, 1993a, 1993b; Tartakoff, 1991). Clinicians and researchers outside the field of art therapy have also explored the use of art expression (particularly drawing) with physically ill individuals (Achterburg, 1985; Achterburg & Lawlis, 1978, 1984; Seigel; 1987; Simonton, Simonton & Creighton, 1978).

Medical art therapy is, in many ways, distinctly different from art therapy practiced within a strictly psychiatric milieu, due to the environment, goals, and focus of each. For example, medical settings may have different objectives than psychiatric milieus, one obviously being the primary concern for the physical care of patients. Although psychological dimensions of treatment are important in a medical setting, the first goal is to expediently treat the presenting illness or physical condition. Therefore, art therapy is designed with the overall medical treatment of the patient in mind, and with a knowledge of the particular illness, medications, or procedures involved in each individual case.

Additionally, in contrast to most psychiatric settings, hospitals provide crisis care for patients' physical needs, including urgent medical assistance such as surgery, pharmacological interventions, or emergency evaluations. To meet this need, crisis intervention models of art therapy have been developed, models which differ from those used in long-term, psychotherapy settings (Appleton,1993; Landgarten, 1981; Malchiodi, 1990). In a medical setting, crisis models of treatment are more applicable to the changing needs of patients whose physical conditions may be unstable and who have to cope with issues of loss surrounding body image and self.

It is obvious that the physical condition of the patient affects how art therapy can be presented in the medical setting. In some cases the patient is fragile and susceptible to infections, and the art therapist must be cognizant of maintaining the sterile environment through appropriate use of media and tools. At other times the patient may be unable to participate without physical adjustments, such as arrangements for art therapy at the bedside or creation of special devices to help the patient draw or paint. For example, Cotton (1985), in her work with pediatric cancer patients, describes her patient Sabrina as unable to hold a brush at one point, because of the deterioration of her health and the intravenous injections' damage to her hands. Other medical art therapists have discussed necessary adaptations in art experiences for patients with dementia (Wald, 1993), and pediatric patients who have experienced serious burns (Levinson, 1986; Levinson & Ousterout, 1980), among others.

The circumstances under which art therapy is conducted may also be different than in a psychiatric setting. For example, Council (1993) notes that art therapy with pediatric cancer patients may be offered in the hospital waiting room where children await chemotherapy, radiation treatments, or check-ups. The family, including siblings, may be present and may become

part of the art therapy. Confidentiality is not easily maintained in this open environment where patients come and go at will, and where art therapy essentially takes place in a public arena, such as a waiting room or at bedside.

In addition to the practice of medical art therapy with client populations, there are some additional questions about art therapy within a medical setting that art therapists and other clinicians have explored. For example, do art expressions reveal disease and/or recovery process? It seems that there is a growing body of evidence for the somatic aspects of a patient's condition appearing in the art product (Bach, 1966, 1975, 1990; Cotton, 1985; Levinson, 1986; Perkins, 1977; Malchiodi, 1992). The author, in her work with children from violent homes, observed that children often depict physical ailments or pain in their art expressions, many times without verbalizing it. For example, an eight year old girl residing at a shelter for domestic violence continually created drawings and paintings in which figures had black interiors. The child did not complain of pain or distress; however, after a complete medical examination, she was diagnosed with a duodenal ulcer which accounted for her consistent use of black, a color which often represents profound physical pain in the case of somatic conditions (Kellogg, 1983; Levinson, 1986; Malchiodi, 1993b) .

Others have noted that art expressions can reveal the progression of dementing illnesses (Wald,1993), cancer (Bach,1966, 1975, 1990; Cotton, 1985), and traumatic burns (Levinson, 1986). The art product has also been found to reflect the effects of pharmacological intervention (Epperson, 1992; Wadeson & Epstein, 1976). As investigation of the somatic component in art expressions continues, it is likely that medical art therapy will be able to contribute to the overall physical evaluation of patients through graphic clues

to regression, remission, and recovery from disease which appear in art expressions.

There is a larger context in which medical art therapy could become a major player in the future. In the U.S., the Public Broadcast System presentation of "Healing and the Mind" (also see accompanying text, *Healing and the Mind* , Moyers, 1993) explored the mind/body connection and the increasing interest in alternative forms of health care and intervention. The series highlighted the recent advancements that health professionals, including clinicians interested in arts medicine, should be cognizant of in the care and treatment of patients with life-threatening illnesses. A particularly moving segment addressed the treatment of breast cancer patients and how group support may be a key element in prolonging the lifespan of those patients with metastatic breast cancer. Dr. David Speigel at Stanford University, found that women who participated in support groups in which they expressed a complete range of their feelings about their disease lived, on average, twice as long as women who are assigned to a control group. Although Speigel agrees that this research needs futher validation (he is currently conducting additional studies to verify his initial findings), there seems to be a strong connection between social support, opening up to others, and resistance to physical illness (Pennebaker, 1990; Schaefer, Coyne, & Lazarus, 1982; Spiegel, Bloom, Kraemer, & Gottheil, 1989; Wortman, 1984; Wortman & Conway, 1985).

If it is true that social support and opening up to others is beneficial to individuals who are experiencing a life-threatening illness such as metastatic breast cancer, then perhaps medical art therapy may be useful with this and other medical populations in group settings where talking and sharing the content of art expressions is the focus. McNiff (1992), although not specifically

discussing medical populations, notes the inherent value of art therapy and art making in telling one's story to other members of a group. This type of "storytelling" about one's images may prove to be useful in providing a socially supportive way to express feelings about illness, particularly with patients whose lives are threatened by cancer or other diseases.

Lastly, does the use of medical art therapy with physically ill individuals present any implications for the healing process itself? There have been many ancedotal reports to support this hypothesis, but no reliable data is currently available. The answer to this question is extremely complex and involves many variables: how and under what circumstances the art process is presented, whether it is presented in a group or individual setting, the characteristics of the population, etc. Long-term outcome studies, such as Speigel's work with breast cancer patients, may be necessary to begin to identify if there are properties of art expression which contribute to the health and well-being of a specific patient population or to physically ill individuals in general. These types of studies constitute an exciting challenge for the field of medical art therapy and arts medicine in general.

Healing, however, fortunately is not only defined by blood chemistries or the erradication of tumors. Playwright and writer Barbara Graham (1993) notes that "being healed isn't the same as being cured. Healing is a process of becoming whole-- physically and psychologically... healing takes place even as the body weakens." (p. 12). It may be that future research in the field of medical art therapy will be in the areas of evaluation of somatic conditions and assistance in the physical recovery of some patients. However, the greatest impact of medical art therapy could also be in the art process's ability to synthesize and integrate client issues such as pain, loss and death, and the medical art therapist's or clinician's ability and training to help patients do

this through art making and the creative process. By Graham's definition of healing, the use of art expression in conjunction with a total medical treatment program may be one of the most viable avenues through which patients can find true healing in their lives.

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